

RGM**JOB WORK ORDER**

Liquid Waste Removal
an EarthCare Company
972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002 156776

Arrived on job A.M. / P.M.		MECHANIC	HELPER	DATE
Left job A.M. / P.M.				12/13/02
JOB NAME		JOB PHONE		
GTE Operation Support				
ADDRESS		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY		
CITY				
Hicksville				
BILL TO		PHONE		
Blue waters				
ADDRESS		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT		

PUMPING**CHEMICALS****LINE CLEANING****SINK TUB TOILET****LABOR****OTHER****SUB TOTAL****TAX****TOTAL**

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

NET 10 DAYS. 1 1/2% Service Charge per Month on Overdue Accounts.

DATE PAID**CHECK NO.****AMT. REC'D.**☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL**GENERATOR SIGNED STATEMENT**

I, _____, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:
(1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature

Date

FAC I.D. # 7002738

401411
WM

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

1932

CUSTOMER NAME:

RGM

ID#: 3325
11:58:55
Fri 12/13/02
36360 Wt. (IN)

11:58:02
Fri 12/13/02
36360 Gross
36360 Tare
0 Net

16

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

FAC I.D. # 7002738

401411
WM

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

1929

CUSTOMER NAME:

RGM

ID#: 3321
11:38:07
Fri 12/13/02
69120 Wt. (IN)

11:38:13
Fri 12/13/02
69120 Gross
69120 Tare
0 Net

16 38

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

Please print or type.
(Form designed for use on elite (12-pitch) typewriter.)

**NON-HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

NH-001

2. Page 1
of

3. Generator's Name and Mailing Address / Site Location
GTE Operations Support Incorporated
140 Cantiague Rock Rd., Hicksville, NY

State Transporter's ID#
1A-053

4. Generator's Phone (**516**) **932-9157**

5. Transporter 1 Company Name
Waste Management of Long Island

6. US EPA ID Number

A. Transporter's Phone
(516) 352-7466

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
Earthcare Company of New York
972 Nicolls Rd.
Deer Park, NY 11729

10. US EPA ID Number

C. Facility's Phone
(631) 586-0002

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

a. **Non Hazardous Waste Solids - N816**

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Approval Code - ECBW-01

Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

RGM**JOB WORK ORDER****Liquid Waste Removal
an EarthCare Company**

972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002**156578**

Arrived on job A.M. / P.M.

Left job A.M. / P.M.

MECHANIC

HELPER

DATE

12/12/02

JOB NAME

GTE

JOB PHONE

516-932-9157

ADDRESS

140 Cantigue Rock RD

CITY

Hicksville NY.

BILL TO

B/SEA WATER

PHONE

ADDRESS

☐ LATE NIGHT
☐ SUNDAY
☐ HOLIDAY☐ NEW
☐ REFERRAL
☐ REPEAT

PUMPING

CHEMICALS

NON-HAZ waste
Solids

LINE CLEANING

SINK TUB TOILET

LABOR

OTHER

SUB TOTAL

TAX

TOTAL

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DATE PAID

CHECK NO.

AMT. REC'D.

☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.

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(1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler, That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law"

Customer's Signature

Date

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

1893

CUSTOMER NAME:

RGM

ID#: 3279
13:13:58
Thu 12/12/02
72900 Wt. (IN)

13:14:04
Thu 12/12/02
72900 Gross
72900 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

1896

CUSTOMER NAME:

RGM

ID#: 3282
13:45:05
Thu 12/12/02
35380 Wt. (IN)

13:45:11
Thu 12/12/02
35380 Gross
35380 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

NH-002

2. Page 1
of

WS1540

3. Generator's Name and Mailing Address / Site Location
GTE Operations Support Incorporated
140 Cantiague Rock Rd., Hicksville, NY
4. Generator's Phone (516) 932-9157

State Transporter's ID#
1A-053

5. Transporter 1 Company Name
Waste Management of Long Island

6. US EPA ID Number

A. Transporter's Phone
(516) 352-7466

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
Earthcare Company of New York
972 Nicolls Rd.
Deer Park, NY 11729

10. US EPA ID Number

C. Facility's Phone
(631) 586-0002

11. Waste Shipping Name and Description

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

a. Non Hazardous Waste Solids - N816

15yd

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Approval Code - ECBW-01

Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

A.E. Ludwig

Signature

A.E. Ludwig

Month Day Year

12/1/02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

R. Rothenberg

Signature

R. Rothenberg

Month Day Year

12/1/02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

John Franze

Signature

John Franze

Month Day Year

12/12/02

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Tracey Salandre

Signature

Tracey Salandre

Month Day Year

12/12/02

ORIGINAL - RETURN TO GENERATOR

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-003	2. Page 1 of	R/0123	
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY				State Transporter's ID# 1A-400		
4. Generator's Phone (516) 932-9157		6. US EPA ID Number		A. Transporter's Phone (631) 752-2145		
5. Transporter 1 Company Name Blue Water Environmental, Inc.		8. US EPA ID Number		B. Transporter's Phone		
7. Transporter 2 Company Name		10. US EPA ID Number		C. Facility's Phone (631) 586-0002		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729						
11. Waste Shipping Name and Description				12. Containers No.	Type	13. Total Quantity
a. Non Hazardous Waste Solids - N816						15 yards
b.						
c.						
d.						
D. Additional Descriptions for Materials Listed Above				E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Approval Code - ECBW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli						
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.						
Printed/Typed Name A.E. Ludwig			Signature <i>[Signature]</i>		Month 02	Day 10
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Month 12	Day 10
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Month	Day
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Tracey Salame			Signature <i>[Signature]</i>		Month 11	Day 10

RGM**JOB WORK ORDER**

**Liquid Waste Removal
an EarthCare Company**
972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002 156626

Arrived on job A.M. / P.M.		MECHANIC	HELPER	DATE
Left job A.M. / P.M.				/ /
JOB NAME GWE Operations support inc		JOB PHONE		
ADDRESS 140 Cant'ague Rock Rd		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY		
CITY Hicksville				
BILL TO	PHONE			
ADDRESS Blue Water Environmental 1610 New Highway Farmingdale NY 11735		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT		
PUMPING				
CHEMICALS				
15 yards				
LINE CLEANING				
SINK TUB TOILET				
LABOR				
OTHER				
SUB TOTAL				
TAX				
TOTAL				

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

DATE PAID _____

CHECK NO. _____

AMT. REC'D. _____

☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.

GENERATOR SIGNED STATEMENT

I, Don Cunko, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:
 (1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature

Date

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3042

CUSTOMER NAME:

R.G.M.

ID#: 951
14:07:41
Mon 02/03/03
56080 Wt. (IN)

14:07:47
Mon 02/03/03
56080 Gross
56100 Tare
-20 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3024

CUSTOMER NAME:

R.G.M.

- Light -

ID#: 926
09:31:38
Mon 02/03/03
36080 Wt. (IN)

09:31:46
Mon 02/03/03
36080 Gross
36080 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

EC BW-01

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-003	2. Page 1 of 1/123
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY				State Transporter's ID# 1A-400
4. Generator's Phone (516) 932-9157		6. US EPA ID Number		A. Transporter's Phone (631) 752-2145
5. Transporter 1 Company Name Blue Water Environmental, Inc.		8. US EPA ID Number		B. Transporter's Phone
7. Transporter 2 Company Name		10. US EPA ID Number		C. Facility's Phone (631) 586-0002
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729				
11. Waste Shipping Name and Description			12. Containers No. Type	13. Total Quantity
a. Non Hazardous Waste Solids - N816				15 yds
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above			E. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information Approval Code - ECEW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name <i>H. E. Ludwig</i>		Signature <i>H. E. Ludwig</i>		Month Day Year <i>10/21/02</i>
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name <i>Don Combs</i>		Signature <i>Don Combs</i>		Month Day Year <i>10/21/02</i>
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name <i>Tracey Salame</i>		Signature <i>Tracey Salame</i>		Month Day Year <i>11/19/02</i>

GENERATOR

TRANSPORTER

FACILITY

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-004	2. Page 1 of R/C 115
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY			State Transporter's ID# 1A-400	
4. Generator's Phone (516) 932-9157				
5. Transporter 1 Company Name Blue Water Environmental, Inc.		6. US EPA ID Number	A. Transporter's Phone (631) 752-2145	
7. Transporter 2 Company Name		8. US EPA ID Number	B. Transporter's Phone	
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729		10. US EPA ID Number	C. Facility's Phone (631) 586-0002	
11. Waste Shipping Name and Description			12. Containers No. Type	13. Total Quantity
a. Non Hazardous Waste Solids - N816				
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above			E. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information Approval Code - ECBW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name <i>H.E. Ludwig</i>		Signature <i>[Signature]</i>		Month Day Year . . .
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>		Month Day Year . . .
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year . . .
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name <i>Charles Seckel</i>		Signature <i>[Signature]</i>		Month Day Year 12 3 02



JOB WORK ORDER

Liquid Waste Removal
an EarthCare Company
972 Nicolls Road, Deer Park, NY 11729
(631) 586-0002

15943

Arrived on job A.M. / P.M.

Left job A.M. / P.M.

MECHANIC

HELPER

DATE

2/3/03

JOB NAME

JOB PHONE

ADDRESS

CITY

BILL TO

PHONE

ADDRESS

☐ LATE NIGHT
☐ SUNDAY
☐ HOLIDAY

☐ NEW
☐ REFERRAL
☐ REPEAT

PUMPING

CHEMICALS

LINE CLEANING

SINK TUB TOILET

LABOR

OTHER

SUB TOTAL

TAX

TOTAL

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DATE PAID

CHECK NO.

AMT. REC'D.

NET 10 DAYS. 1 1/2% Service Charge per Month on Overdue Accounts.

☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

GENERATOR SIGNED STATEMENT

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Customer's Signature

Date

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-005.	2. Page 1 of 1/0 116
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY			State Transporter's ID# 1A-400	
4. Generator's Phone (516) 932-9157				
5. Transporter 1 Company Name Blue Water Environmental, Inc.		6. US EPA ID Number		A. Transporter's Phone (631) 752-2145
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter's Phone
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729		10. US EPA ID Number		C. Facility's Phone (631) 586-0002
11. Waste Shipping Name and Description			12. Containers No. Type	13. Total Quantity
a. Non Hazardous Waste Solids - N816				
b.				
c.				
d.				
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16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name <i>A.E. Lidner</i>		Signature <i>A.E. Lidner</i>		Month Day Year . . .
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name <i>Don</i>		Signature <i>Don</i>		Month Day Year . . .
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year . . .
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name <i>Charles Seckl</i>		Signature <i>Charles Seckl</i>		Month Day Year 2 3 03

JOB WORK ORDER

Liquid Waste Removal
an EarthCare Company
972 Nicolls Road, Deer Park, NY 11729
(631) 586-0002

159073

Arrived on job A.M. / P.M.
Left job A.M. / P.M.

MECHANIC	HELPER	DATE
		2/13/03

JOB NAME <i>Blue Waters Environmental</i>		JOB PHONE
ADDRESS		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY
CITY		
BILL TO	PHONE	
ADDRESS		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT

PUMPING

CHEMICALS

LINE CLEANING

SINK TUB TOILET

LABOR

OTHER

SUB TOTAL

TAX

TOTAL

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CHECK NO.

AMT. REC'D.

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"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature

Date

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3029

CUSTOMER NAME:

R.G.M.

ID#: 936
11:17:11
Mon 02/03/03
77180 Wt. (IN)

11:17:29
Mon 02/03/03
77180 Gross
77180 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3024

CUSTOMER NAME:

R.G.M.

- Light -

ID#: 926
09:31:38
Mon 02/03/03
36080 Wt. (IN)

09:31:46
Mon 02/03/03
36080 Gross
36080 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No.	2. Page 1 of
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY			State Transporter's ID# 1A-400	
4. Generator's Phone (516) 932-9157				
5. Transporter 1 Company Name Blue Water Environmental, Inc.	6. US EPA ID Number	A. Transporter's Phone (631) 752-2145		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729	10. US EPA ID Number	C. Facility's Phone (631) 586-0002		
11. Waste Shipping Name and Description		12. Containers No.	Type	13. Total Quantity
a. Non Hazardous Waste Solids - N816				
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Approval Code - ECBW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name H E Ludwig		Signature [Signature]		Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name Charles Scott		Signature [Signature]		Month Day Year 2 2 98



JOB WORK ORDER

**Liquid Waste Removal
an EarthCare Company**
972 Nicolls Road, Deer Park, NY 11729
(631) 586-0002

159014

Arrived on job A.M./P.M.

Left job A.M./P.M.

MECHANIC

HELPER

DATE

2/3/03

JOB NAME <i>Blue Water Enviro.</i>		JOB PHONE
ADDRESS		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY
CITY		
BILL TO	PHONE	
ADDRESS		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT

PUMPING

CHEMICALS

LINE CLEANING

SINK TUB TOILET

LABOR

OTHER

SUB TOTAL

TAX

TOTAL

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

DATE PAID

CHECK NO.

AMT. REC'D.

NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.

☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

GENERATOR SIGNED STATEMENT

I, _____, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:
 (1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.
 "I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature

Date

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3024

CUSTOMER NAME:

R G m

ID#: 926
09:31:38
Mon 02/03/03
36080 Wt. (IN)

09:31:46
Mon 02/03/03
36080 Gross
36080 Tare
0 Net

Light

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3022

CUSTOMER NAME:

R G m

ID#: 924
08:55:11
Mon 02/03/03
74220 Wt. (IN)

08:55:17
Mon 02/03/03
74220 Gross
74220 Tare
0 Net

Heavy

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-007	2. Page 1 of	
3. Generator's Name and Mailing Address Site Location GTE Operations Support Incorporated 140 Catiague Rock Rd., Hicksville, NY			State Transporter's ID# 1A-400		
4. Generator's Phone (516) 932-9157					
5. Transporter 1 Company Name Blue Water Environmental Inc.		6. US EPA ID Number	A. Transporter's Phone 631-752-2145		
7. Transporter 2 Company Name		8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Road Deer Park, NY 11729		10. US EPA ID Number	C. Facility's Phone 631-586-0002		
11. Waste Shipping Name and Description a. Non Hazardous Waste Solids - N816 b. c. d.			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
D. Additional Descriptions for Materials Listed Above Approval Code = ECBW-01 Generator Emergency Phone: 972-718-4806 Jean Augostintelli			E. Handling Codes for Wastes Listed Above 		
15. Special Handling Instructions and Additional Information Approval Code - ECBW - 01 Generator Emergency Phone: (972) 718-4806 Jean Agostinelli					
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Printed/Typed Name H. E. Ladd		Signature <i>[Signature]</i>		Month Day Year 	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature <i>[Signature]</i>		Month Day Year 	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year 	
19. Discrepancy Indication Space 					
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Tracey S. Ladd		Signature <i>[Signature]</i>		Month Day Year 10 09 00	



JOB WORK ORDER

Liquid Waste Removal
an EarthCare Company
972 Nicolls Road, Deer Park, NY 11729
(631) 586-0002

159501

Arrived on job A.M. / P.M.
Left job A.M. / P.M.

MECHANIC	HELPER	DATE
		2/1/13

JOB NAME	JOB PHONE
Blue water	
ADDRESS	<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY
CITY	
BILL TO	PHONE

ADDRESS	<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT

PUMPING		
non haz - contaminated		
CHEMICALS		
Soil		
LINE CLEANING		
SINK TUB TOILET		
heavy 80040		
LABOR		
Lite 36080		
OTHER		
43960		

SUB TOTAL	
TAX	
TOTAL	

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

DATE PAID _____
CHECK NO. _____
AMT. REC'D. _____
☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.

GENERATOR SIGNED STATEMENT

I, _____, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank / leaching facilities) located at the address of the invoice and:
 (1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler, That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.
 "I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature Date

MID ISLAND SALVAGE CORP.

1001 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3024

CUSTOMER NAME:

*R. G. M.**- Light -*

ID#: 926
09:31:38
Mon 02/03/03
36080 Wt. (IN)

09:31:46
Mon 02/03/03
36080 Gross
36080 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3054

CUSTOMER NAME:

R. G. M.

ID#: 966
08:45:32
Tue 02/04/03
80040 Wt. (IN)

08:45:39
Tue 02/04/03
80040 Gross
79780 Tare
260 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-008	2. Page 1 of	
3. Generator's Name and Mailing Address Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY				State Transporter's ID# 1A-400	
4. Generator's Phone ()		5. Transporter 1 Company Name Blue Water Environmental		6. US EPA ID Number	
		7. Transporter 2 Company Name		8. US EPA ID Number	
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicholls Road Deer Park, NY 11729		10. US EPA ID Number		A. Transporter's Phone 631-752-2145	
				B. Transporter's Phone	
				C. Facility's Phone 631-586-0002	
11. Waste Shipping Name and Description				12. Containers	
				No.	Type
a. Non-Hazardous Waste Solids - N816					
b.					
c.					
d.					
D. Additional Descriptions for Materials Listed Above				E. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information Approval Code - ECBW - 01 Generator Emergency Phone - 972-718-4806 - Jean Agostinelli					
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Printed/Typed Name <i>J. E. Ludwig</i>			Signature <i>[Signature]</i>		Month Day Year . . .
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Month Day Year . . .
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Month Day Year . . .
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <i>Tracey Salamey</i>			Signature <i>[Signature]</i>		Month Day Year <i>87</i>



JOB WORK ORDER

Liquid Waste Removal
an EarthCare Company
972 Nicolls Road, Deer Park, NY 11729
(631) 586-0002

158316

Arrived on job A.M./P.M.

Left job A.M./P.M.

MECHANIC

HELPER

DATE

2/4/13

JOB NAME		JOB PHONE	
ADDRESS		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY	
CITY			
BILL TO		PHONE	
ADDRESS		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT	

PUMPING

CHEMICALS

LINE CLEANING

SINK TUB TOILET

LABOR

OTHER

SUB TOTAL

TAX

TOTAL

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

DATE PAID

CHECK NO.

AMT. REC'D.

NET 10 DAYS. 1 1/2% Service Charge per Month on Overdue Accounts.

☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

GENERATOR SIGNED STATEMENT

I, _____, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:

(1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature

Date

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue

Deer Park, NY 11729

(631) 667-5040

TICKET

3060

CUSTOMER NAME:

RGM

ID#: 977

13:43:47

Tue 02/04/03

72920 Wt. (IN)

13:43:53

Tue 02/04/03

72920 Gross

72940 Tare

-20 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue

Deer Park, NY 11729

(631) 667-5040

TICKET

3024

CUSTOMER NAME:

RGM

- Light -

ID#: 926

09:31:38

Mon 02/03/03

36080 Wt. (IN)

09:31:46

Mon 02/03/03

36080 Gross

36080 Tare

0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

Please print or type
(Form designed for use on elite (12-pitch) typewriter.)

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-009	2. Page 1 of		
3. Generator's Name and Mailing Address Site Location GTE Operations Support Incorporated 140 Cantigue Rock Rd., Hicksville, NY				State Transporter's ID # 1A-400		
4. Generator's Phone (516) 932-9157		6. US EPA ID Number		A. Transporter's Phone 631-752-2145		
5. Transporter 1 Company Name Blue Water Environmental Inc.		7. Transporter 2 Company Name		B. Transporter's Phone		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicholls Road Deer Park, NY 11729		10. US EPA ID Number		C. Facility's Phone 631-586-0002		
11. Waste Shipping Name and Description				12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. Non-Hazardous Waste Solids - N816						
b.						
c.						
d.						
D. Additional Descriptions for Materials Listed Above				E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Approval Code - ECBW - 01 Generator Emergency Phone - 972-718-4806 Jean Agostinelli						
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.						
Printed/Typed Name <i>Xite Industry</i>			Signature <i>[Signature]</i>		Month	Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>[Signature]</i>		Month	Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Month	Day Year
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name <i>Tracey Sakamore</i>			Signature <i>Tracey Sakamore</i>		Month	Day Year <i>12/1/98</i>



JOB WORK ORDER

Liquid Waste Removal
an EarthCare Company
972 Nicolls Road, Deer Park, NY 11729
(631) 586-0002

158309

Arrived on job A.M. / P.M.

Left job A.M. / P.M.

MECHANIC	HELPER	DATE
		2/4/13

JOB NAME		JOB PHONE	
ADDRESS		<input type="checkbox"/> LATE NIGHT	
CITY		<input type="checkbox"/> SUNDAY	
BILL TO		<input type="checkbox"/> HOLIDAY	
PHONE			
ADDRESS		<input type="checkbox"/> NEW	
		<input type="checkbox"/> REFERRAL	
		<input type="checkbox"/> REPEAT	

PUMPING

CHEMICALS

LINE CLEANING

SINK TUB TOILET

LABOR

OTHER

Non-HAZ
contaminated soil
Heavy 74980
1118 36080
58900

SUB TOTAL	
TAX	
TOTAL	

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

DATE PAID _____

CHECK NO. _____

AMT. REC'D. _____

NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.

☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

GENERATOR SIGNED STATEMENT

I, _____, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:

(1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Septage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature

Date

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1001 Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3024

CUSTOMER NAME:

R Green

- Light -

ID#: 926
09:31:38
Mon 02/03/03
36080 Wt. (IN)

09:31:46
Mon 02/03/03
36080 Gross
36080 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

3052

CUSTOMER NAME:

Blumenthal
R6m

ID#: 972
11:13:24
Tue 02/04/03
74980 Wt. (IN)

11:13:29
Tue 02/04/03
74980 Gross
75000 Tare
-20 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

RGM**JOB WORK ORDER**

**Liquid Waste Removal
an EarthCare Company**
972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002 156578

Arrived on job A.M. / P.M.
Left job A.M. / P.M.

MECHANIC HELPER DATE
12/12/02

JOB NAME GTE		JOB PHONE 516-932-9157	
ADDRESS 140 Cantigue Rock RD		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY	
CITY Hicksville NY.			
BILL TO B/owner	PHONE		
ADDRESS		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT	

PUMPING**CHEMICALS****LINE CLEANING****SINK TUB TOILET****LABOR****OTHER**

**NON-HAZ waste
Solids
SEE
(weight tickets)**

SUB TOTAL	
TAX	
TOTAL	

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

NET 10 DAYS. 1½% Service Charge per Month on Overdue Accounts.

DATE PAID _____
CHECK NO. _____
AMT. REC'D. _____
☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL

GENERATOR SIGNED STATEMENT

I, _____, hereby affirm that I am the owner, or user, of the individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:
 (1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Sewage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

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Customer's Signature

Date

**NON-HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1

of

NH-002

WS1540

3. Generator's Name and Mailing Address / Site Location

GTE Operations Support Incorporated
140 Cantiague Rock Rd., Hicksville, NYState Transporter's ID#
1A-053

4. Generator's Phone (516) 932-9157

5. Transporter 1 Company Name

Waste Management of Long Island

6. US EPA ID Number

A. Transporter's Phone

(516) 352-7466

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

Earthcare Company of New York
972 Nicolls Rd.
Deer Park, NY 11729

10. US EPA ID Number

C. Facility's Phone

(631) 586-0002

11. Waste Shipping Name and Description

12. Containers

No.

Type

13.
Total
Quantity14.
Unit
Wt/Vola.
Non Hazardous Waste Solids - N816

15yd

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Approval Code - ECBW-01

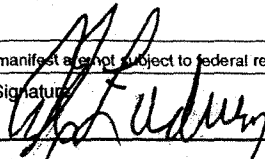
Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

A.E. Ludwig

Signature



Month Day Year

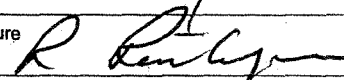
1/21/02

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

R. Rothenberg

Signature



Month Day Year

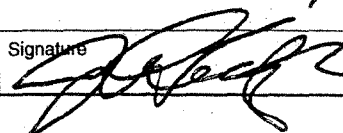
1/21/02

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

John Franze

Signature



Month Day Year

1/21/02

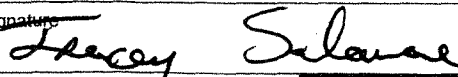
19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Tracey Salame

Signature



Month Day Year

1/21/02

ORIGINAL - RETURN TO GENERATOR

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

1893

CUSTOMER NAME:

RGM

ID#: 3279
13:13:58
Thu 12/12/02
72900 Wt. (IN)

13:14:04
Thu 12/12/02
72900 Gross
72900 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

FAC I.D. # 7002738

MID ISLAND SALVAGE CORP.

1007 Long Island Avenue
Deer Park, NY 11729
(631) 667-5040

TICKET

1896

CUSTOMER NAME:

RGM

ID#: 3282
13:45:05
Thu 12/12/02
35380 Wt. (IN)

13:45:11
Thu 12/12/02
35380 Gross
35380 Tare
0 Net

Thank you for your scrap

HAVE A NICE DAY!!

MATERIAL:

REMARKS:

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No.	2. Page 1 of
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY			State Transporter's ID# 1A-400	
4. Generator's Phone (516) 932-9157				
5. Transporter 1 Company Name Blue Water Environmental, Inc.	6. US EPA ID Number	A. Transporter's Phone (631) 752-2145		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729	10. US EPA ID Number	C. Facility's Phone (631) 586-0002		
11. Waste Shipping Name and Description		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. Non Hazardous Waste Solids - N816			15 yards	
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Approval Code - ECBW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name A.E. Ludwig		Signature A.E. Ludwig		Month Day Year 12/10/02
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name Don Cumbo		Signature Don Cumbo		Month Day Year 12/10/02
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name Tracey Salame		Signature Tracey Salame		Month Day Year 12/10/02

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.
NH-001

2. Page 1
of

3. Generator's Name and Mailing Address / Site Location
GTE Operations Support Incorporated
140 Cantiague Rock Rd., Hicksville, NY

State Transporter's ID#
1A-053

4. Generator's Phone (516) 932-9157

5. Transporter 1 Company Name
Waste Management of Long Island

6. US EPA ID Number

A. Transporter's Phone
(516) 352-7466

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address
Earthcare Company of New York
972 Nicolls Rd.
Deer Park, NY 11729

10. US EPA ID Number

C. Facility's Phone
(631) 586-0002

11. Waste Shipping Name and Description

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

a. Non Hazardous Waste Solids - N816

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Approval Code - ECBW-01

Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

T/S/D/F COPY

12-EL-06 Rev 12/98

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-003	2. Page 1 of 2/0123	
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY			State Transporter's ID# 1A-400		
4. Generator's Phone (516) 932-9157					
5. Transporter 1 Company Name Blue Water Environmental, Inc.		6. US EPA ID Number	A. Transporter's Phone (631) 752-2145		
7. Transporter 2 Company Name		8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729		10. US EPA ID Number	C. Facility's Phone (631) 586-0002		
11. Waste Shipping Name and Description			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. Non Hazardous Waste Solids - N816				15 yards	
b.					
c.					
d.					
D. Additional Descriptions for Materials Listed Above			E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Approval Code - ECBW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli					
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Printed/Typed Name A.E. Ludwig		Signature <i>A.E. Ludwig</i>		Month Day Year 10 21 02	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Don Cumbo		Signature <i>Don Cumbo</i>		Month Day Year 12 10 02	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Tracey Salame		Signature <i>Tracey Salame</i>		Month Day Year 12 10 02	

Please print or type
(Form designed for use on elite (12-pitch) typewriter.)

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No.	2. Page 1 of
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantiague Rock Rd., Hicksville, NY		State Transporter's ID# 1A-400		
4. Generator's Phone (516) 932-9157				
5. Transporter 1 Company Name Blue Water Environmental, Inc.	6. US EPA ID Number	A. Transporter's Phone (631) 752-2145		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729	10. US EPA ID Number	C. Facility's Phone (631) 586-0002		
11. Waste Shipping Name and Description		12. Containers No.	Type	13. Total Quantity
a. Non Hazardous Waste Solids - N816				15 yards
b.				
c.				
d.				
D. Additional Descriptions for Materials Listed Above		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Approval Code - ECBW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name A.E. Ludwig		Signature <i>A.E. Ludwig</i>		Month Day Year 10 21 02
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name DON CUMBO		Signature <i>Don Cumbo</i>		Month Day Year 12 10 02
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				

GENERATOR

TRANSPORTER

FACILITY

EC BW-01

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No. NH-003	2. Page 1 of 1	
3. Generator's Name and Mailing Address / Site Location GTE Operations Support Incorporated 140 Cantigue Rock Rd., Hicksville, NY			State Transporter's ID# 1A-400		
4. Generator's Phone (516) 932-9157					
5. Transporter 1 Company Name Blue Water Environmental, Inc.		6. US EPA ID Number	A. Transporter's Phone (631) 752-2145		
7. Transporter 2 Company Name		8. US EPA ID Number	B. Transporter's Phone		
9. Designated Facility Name and Site Address Earthcare Company of New York 972 Nicolls Rd. Deer Park, NY 11729		10. US EPA ID Number	C. Facility's Phone (631) 586-0002		
11. Waste Shipping Name and Description a. Non Hazardous Waste Solids - N816 b. c. d.			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
D. Additional Descriptions for Materials Listed Above			E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information Approval Code - ECBW-01 Generator Emergency Phone: (972) 718-4806 - Jean Agostinelli					
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Printed/Typed Name <i>H. E. Ludwig</i>		Signature <i>[Signature]</i>		Month Day Year <i>02/01/02</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name <i>Don Comito</i>		Signature <i>[Signature]</i>		Month Day Year <i>02/01/02</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name <i>Tracey Salame</i>		Signature <i>[Signature]</i>		Month Day Year <i>11/19/00</i>	

GENERATOR

TRANSPORTER

FACILITY

RGM**JOB WORK ORDER****Liquid Waste Removal
an EarthCare Company**

972 Nicolls Road, Deer Park, NY 11729

(631) 586-0002**156626**

Arrived on job A.M. / P.M.

Left job A.M. / P.M.

MECHANIC	HELPER	DATE
		/ /

JOB NAME GWE Operations Support Inc		JOB PHONE
ADDRESS 140 Cantigue Rock Rd		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY
CITY Hicksville		
BILL TO	PHONE 631-752-2145	
ADDRESS 1610 New Highway		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT
Farmingdale NY 11735		

PUMPING**CHEMICALS****LINE CLEANING****SINK TUB TOILET****LABOR****OTHER****15 yards**

SUB TOTAL	
TAX	
TOTAL	

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

DATE PAID _____

CHECK NO. _____

AMT. REC'D. _____

☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL**NET 10 DAYS. 1 1/2% Service Charge per Month on Overdue Accounts.****GENERATOR SIGNED STATEMENT**

I, Don Cunko, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:
(1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Sewage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature _____ Date _____

RGM**JOB WORK ORDER**

**Liquid Waste Removal
an EarthCare Company**
972 Nicolls Road, Deer Park, NY 11729
(631) 586-0002 156626

Arrived on job A.M. / P.M.
Left job A.M. / P.M.

MECHANIC _____ HELPER _____ DATE 1 / 1

JOB NAME <u>GWE Operations Support Inc</u>		JOB PHONE _____
ADDRESS <u>140 Cantague Rock Rd</u>		<input type="checkbox"/> LATE NIGHT <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAY
CITY <u>Hicksville</u>		
BILL TO <u>Blue Water Environmental</u>	PHONE <u>631-752-2145</u>	
ADDRESS <u>1610 New Highway</u>		<input type="checkbox"/> NEW <input type="checkbox"/> REFERRAL <input type="checkbox"/> REPEAT
CITY <u>Farmingdale NY 11735</u>		

PUMPING**CHEMICALS****LINE CLEANING****SINK TUB TOILET****LABOR****OTHER****SUB TOTAL****TAX****TOTAL**

Purchaser shall provide access to job site. It shall be the obligation of the Purchaser to inform the Service Company of any above or below ground or hidden perils. The Seller shall not be responsible for damage above or below ground to property or hidden perils. Signor assumes liability representatively and personally for payment of contract amount.

DATE PAID _____**CHECK NO.** _____**AMT. REC'D.** _____
☐ CASH ☐ M.C. ☐ VISA ☐ LEFT BILL
NET 10 DAYS. 1 1/2 % Service Charge per Month on Overdue Accounts.**GENERATOR SIGNED STATEMENT**

I, Don Cumbro, hereby affirm that I am the owner, or user, of the Individual Sewage Disposal Facility (septic tank/leaching facilities) located at the address of the invoice and:
 (1). That the facilities to be pumped contain only sanitary sewage; (2). That I have not been notified by the Suffolk County Department of Health or the Nassau County Department of Health to have this system pumped by a licensed industrial hauler. That neither I nor any person in my family or in my employ have added any chemical solvent waste or industrial wastes of any kind to the facility to be pumped and that I make this Statement knowing that the waste will be disposed of at a Municipal Sewage Treatment Facility and that in the event that any chemical solvent waste or industrial waste of any kind have been added, legal action may be undertaken by the appropriate regulatory agency against any or all parties involved.

"I, hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law".

Customer's Signature

Date